

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3888AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOYFUL SENIOR CARE HAVEN 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4353 JODI AVE</b> <b>LAS VEGAS, NV 89120</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/29/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed.  The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 11/29/10, the facility failed to ensure 1 of 6 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #5 no signs and symptoms check for 2010).  This was a repeat deficiency from the 12/7/09 State Licensure survey.  Severity: 2 Scope: 1	Y 103			
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 11/29/10, the facility failed to ensure 1 of 6 employees met background check requirements of NRS 449.176 to 449.188 (Employee #2-no state background check results).  Severity: 2 Scope: 1	Y 105			
Y 276 SS=C	449.2175(7) Nutrition and Service of Food	Y 276			

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Y 276	<p>Continued From page 2</p> <p>NAC 449.2175</p> <p>7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/29/10, the facility listed meal times with 15 hours between dinner and breakfast the following day for 6 of 6 residents (5 PM to 8 AM).</p> <p>Severity: 1      Scope: 3</p>	Y 276			

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